# THE CHIRONIAN

PUBLISHED SEMI-MONTHLY BY THE STUDENTS OF THE HOMŒOPATHIC MEDICAL COLLEGE.

VOLUME V. NEW YORK, NOVEMBER 9, 1888. NUMBER 2.

## THE CHIRONIAN.

VOL. V. NOVEMBER 9, 1888. NO. 2.

*EDITORS:*

C. P. OPDYKE, *Managing Editor.*
F. LE C. DOWE, *Business Manager.*

*ASSOCIATE EDITORS:*

C. MORRISON, *Mat. Med.* C. E. WILCOX, *Obstetrics.*
F. C. BUNN, *Surgery.* W. H. BENNETT, *Paedology.*
J. S. CUMMINS, *Practice.* C. H. LEWIS, *College Notes.*
J. F. ACKERMAN, *College Notes*, '90.
H. H. HAWKSHURST, *College Notes*, '91.
GEORGE C. DUNLEVY, *Assistant Business Manager.*

*TERMS:*

Per annum, in advance, $1.50. Single copies, 15 cents.

All communications should be addressed to THE CHIRONIAN, N. Y. Hom. Med. College, 23d Street and 3d Avenue, N. Y. City.
Alumni, Professors and Undergraduates are asked to contribute to our columns. All articles must be signed by the name of the writer.
The editors are not responsible for opinions of contributors.
Subscriptions taken at the College. Single copies may be obtained in the "Students' Room."
All remittances by mail should be made to the Business Manager, at the College.
THE CHIRONIAN will be sent until ordered discontinued.

IN the second number of last year's CHIRONIAN the plans of our new building, *to be*, were published, and in this number we give an account of the laying of the corner-stone of the Hospital and College buildings. Next year we expect to see the college opened in these new buildings, and there are many of the Class of '89 who wish that they had entered with '90—or rather, that they could have had the benefit that must follow from being in a college that is built especially to meet the requirements and convenience of the medical student and instructors. Though the new buildings have come too late for some of us—yet it does not diminish our joy and pride over this undeniable proof of the "Decline of Homœopathy" (?) which was so ably (?) discussed by a doctor, last year, in one of the allopathic medical journals.

---

WE suppose that nearly all of the Alumni are aware that the class of '85 tried to start a library, but they did not get much further than a very small nucleus.

But it is from small beginnings that large results are obtained, and it is to this end the students have been directing every energy for the past two years. As a result of these labors we have succeeded in obtaining a fair sized library, but yet far too small to meet the constant and increasing demands of the students, and the many vacant shelves and the extensive gaps between works upon one subject and those upon some other, need to be filled. Students as a rule do not live where medical libraries are at hand and it is not expected that they should own all the books that are necessary to proper research and reference, and the only way this want can be filled is in having a college library where the student can find such works as he may need. Every student is aware of the value of a library when pursuing any course of study, and all who have been at a medical college can appreciate the incalculable good to be obtained from a large medical library. Consequently we can only ask our friends and Alumni to do unto others as they would that others should do unto them, and help us in supplying our much needed works of all kinds upon medical topics.

There are few colleges but have a library and bend every energy to the increase of this valued educational auxiliary in regard to both size and value. If a library then is considered so important a factor in colleges in general, how much more is it needed in a medical school where students are aiming to fit themselves for a life-work that is secondary to none other. Therefore, we frankly appeal to all that can help us to aid in securing a library that the college at large, the Alumni and the students may be proud of. Many friends, Alumni and students have assisted us nobly in bringing the library up to its present respectable proportions, in both money and books, and we feel assured that there

are many others who are willing to aid us further if they only knew of our want. We do not ask this as a favor to us now in the college, but as a favor to the institution of which we all have so much cause to be proud and which we should all feel it is our duty and pleasure to aid in every way that lies in our power.

## *The Proper use of Palliatives in Homœopathic Practice.*

Read before the Society for Medico-Scientific Investigation.

BY F. W. HAMLIN, M.D.

IN the Homœopathic as in every other school of medicine, practice is by no means uniform. While all Homœopathic physicians believe in the great law of similia, there are conditions arising somewhat frequently in practice, which must be met otherwise than by the exhibition of the indicated Homœopathic remedy. There is a class of physicians in our school who view with great disfavor, the use of any agent save the Homœopathic remedy under any and all conditions. This class of physicians also use in the great majority of instances the so-called high potencies. For instance the C.M. and 45M., etc., etc. One of the most vexed questions in this connection has reference to the use of palliatives by a physician professing to practice Homœopathy. It is an easy answer to this question, to say that the physician must prescribe according to the symptoms and select the simillimum, and that he has done his whole duty when he has conscientiously done this. Has he? In a case of post-partum hemorrhage, for example, has a physician done his whole duty when he has given belladonna or ipecac, or any other remedy which may be indicated? I think not; and yet this was the teaching of a professor of Obstetrics in a Homœopathic College in Philadelphia, and as a result of his teaching, the students of that College have carried away with them this method of treatment in post-partum, and in one instance I am informed a woman bled to death while the physician was waiting for the remedy to act.

Is morphine never to be used by a homœopathic physician? Some will say if a patient is sure to die, and in great pain and suffering give him morphine to ease his anguish. Few will dissent from this statement. But is this the only case in which the honest homœopathic physician may use morphine? I am too young in the practice of medicine to presume to lay down the law on any such matter to men much older and far more skillful than myself. But it seems to me that morphine is an agent given to us for some more useful purpose than merely to diminish the pain of the separation of body and soul. Consider, for example, a case of puerperal convulsions. Here the function of the kidneys is affected. The waste material resulting from tissue change is not carried away by the proper channels. The sympathetic nervous system is in a condition of undue excitability. All these forces are at work before labor actually sets in. The strain and irritation incident to labor is often sufficient in such cases to induce convulsions. In such conditions homœopathic remedies are often curative, but in some cases the physician is suddenly called to the case to find convulsions of fearful severity recurring at short intervals and the patient rapidly growing weaker and weaker. A strong hand must be laid on the nervous system and immediate relief must be obtained or the wearied body will soon succumb to the strain. Such a relief we find in the hypodermic administration of morphine. By its use time is gained for the elimination of the noxious waste products through the skin, the bowels and the kidneys. Is not this use of morphine justifiable? Should not a homœopathic physician make use of this agent when confronted by such an emergency? Would he not be culpable if he did not make use of his knowledge regarding the effects of morphine in such cases? I do not say that a physician should in every case of puerperal convulsions immediately inject morphine. By no means. Use his homœopathic remedies and in many cases he will control the convulsions, but in cases such as I have mentioned, I claim that the use of morphine is permissible and even essential.

Take, as another example, the use of digitalis in drop doses of the tincture for the purpose of slowing and strengthening the heart's action. Is not digitalis thus used a palliative? Do not the members of the old school use digitalis in precisely the same way? Do we not use digitalis in such cases for its primary and physiological effect? What shall we say of ergot? That is not a homœopathic remedy in the doses in which it is used after the third stage of labor is completed. It is not used in all cases, and perhaps some of you never use it, but in multiparæ, and in all cases where there is a tendency to relaxation or incomplete contraction, it is usually given in a physiological dose. We use the drug for its physiological action on involuntary muscle fibre. It does not cure a tendency on the part of the patient to relaxation, but it acts as a palliative in this particular case. Various other remedies might be mentioned which a homœopathic physician may use as palliatives and be justified in their use. But I have touched upon enough to show the line of argument. The great objection to the use of palliatives is the danger of drifting into the error of thinking that we must use palliatives in too many cases, without a careful study of the remedies homœopathic to the condition at hand. I grant you this is a danger and a grave one. But can we not use a little common sense in this matter? We must be thoroughly satisfied in our own mind of the absolute necessity of some palliative in a given case before we use it—and then, the necessity of its use settled, let us not be afraid to say that we do use a palliative when it seems necessary and that we are not ashamed of it either. With all due reverence for Hahnemann and his work, it must be admitted that great advances in medicine have been made since his time, and it is our duty as well as ambition, not only to keep abreast of the times as regards medical treatment, but to lead the way to higher and more exact knowledge. It is a common opinion among people in general that a homœopathic physician will not use morphine. I choose morphine as an illustration because the most stress is laid upon its use or rather its disuse. It is the boast of some homœopathic physicians that they have never owned a hypodermic syringe, and regard a physician who does own, and, on occasion, use such an instrument as no homœopath. Is this just? Is it fair? or is it bigotry pure and simple? The same bigotry which we condemn and deplore in the members of the old school when they refuse to honestly study and candidly examine into homœopathy and its teachings. What does belief in homœopathy mean? It means to me the conviction that the law similia similibus curantur is the only scientific law of healing; that the only trustworthy method of ascertaining the therapeutic value of a drug is by proving the drug on the human body in health. That the only proper way to prescribe for a body or mind diseased is by a study of the symptoms objective and subjective, and then finding the drug which has produced symptoms in nearest accord with those presented by the patient. This is an old story to all of us, but it never loses its truth nor its beauty by continual rehearsal. But I assert that a man can most heartily subscribe to all the principles of homœopathy and still be justified in the use of palliatives in certain conditions.

---

## *A Case Illustrating the Dependence of Certain Forms of Neuralgia, upon "Eye Strain" and the Cure by Providing Rest to the Accommodation.*

BY F. H. BOYNTON, M.D., NEW YORK.

J. G. W.'S mother was one of a family of eight children, all of whom were subject to sick headache.

The children of all this large family of brothers and sisters show the same history of headache with a possible exception of about *one* in every nine.

His mother had six children, three girls and three boys, one of whom, a boy, did not inherit the family disease, while J. G. W. seems to have received a double portion.

His mother had very severe sick headaches about twice a week for many years.

After he was five years old until he was fourteen he had an attack of sick headache as often as three times in a month; from fourteen to twenty they were less frequent, but from twenty to thirty much more severe and as often as three or four times a week. The attack beginning in the early morning and continuing about fourteen hours; severe nausea accompanied them and vomiting would relieve them.

When he was thirty years old he had diphtheria. After he recovered he had no headache for five years, but all the time had rheumatism, quite severely.

At thirty-five had diphtheria again, which was followed by very severe neuralgia and by the rheumatic gout in the left knee and ankle, the whole limb swelling to an enormous size.

Twice in four years he has had neuralgic attacks in which he was confined to the bed ten or more weeks; the pain being in the head and eyes. Hypodermic injections of morphine, chloroform and magnetic manipulation gave temporary relief.

Beside these two severe attacks he has had almost constant pain in the cervical region, vertex, eyes, temples and cheek bones. Muriate of ammonia and arsenicum have given some relief.

Since October 1884, when he took a heavy cold he has had severe daily attacks of neuralgia, beginning about 5 A. M. and lasting until noon.

On December 10, 1884, he first applied to me for treatment. Giving the preceding family and personal history as evidence of the incurability of his malady.

The patient, æt. 39, was of spare habit, extremely nervous and emaciated. His countenance bore the unmistakable expression of much suffering.

An examination of his eyes revealed the following condition:

$$\frac{V = 20}{10} \text{ O. U.}$$

H. m = 2.25.

Marked insufficiency of internal recti muscles, with asthenopia accommodativa.

Owing to lameness and irritability of the ciliary muscle, his eyes would tolerate no glass nearer this manifest hypermetropia than + 1.25, which was given for constant use.

On the 24th inst. he had, in addition to the morning headaches, an attack of severe neuralgia lasting all day, affecting eyes, bones of the face and teeth, accompanied by nausea, leaving recti muscles stiff, with fixation difficult and painful. Also pain in flexor tendons of right leg and ankle. From this date until December 1, 1885, the patient was lost sight of; when he returned, said that he had been entirely free from neuralgia and headaches of all kinds, until during the past few days. A further relaxation of accommodation at this time permitted the use of + 1.75, which gave him perfect freedom from headache, and permitted the almost constant use of his eyes at near work until February, 1888, when in a moment of weakness he permitted an optician to select a glass for him. Unfortunately he selected a weaker one, which gave greater acuteness of vision but failed to rest the accommodation, and allowed the enemy to return in full force. For fifteen days he suffered excruciating pain, involving one after another of the branches of the fifth nerves.

During the paroxysm, which recurred about every fifteen minutes, he would tear the bedclothes and shriek and cry from the intensity of the pain.

After recovery from this attack the substitution of his old glass for the weaker, which had caused the mischief, has given him perfect comfort up the present writing, October 27, 1888. This case, which will be recognized by several of our physicians, as one of unusual severity and intractableness, teaches us that certain cases of periodical neuralgia and sick headache, especially the inherited form, are attributable to faulty eye formation. And that such cases are curable through correction of the eye fault.

As a matter of fact "eye strain" is the cause of all cases of sick headache—migraine—and a large number of the cases of periodical neuralgia.

## *Operation at Helmuth House.*

PROFESSOR HELMUTH.

ON October 12th, four members of the Senior class were invited to witness an operation for lacerated cervix, and lacerated perineum and rectocele.

The laceration of the cervix, which was bilateral and not very deep, was attended to first. The lips of the laceration were denuded of membrane, and then silver wire sutures introduced on each side. The twisted sutures were placed in rubber tubes, one tube for each side of the cervix, and the ends covered with a pad of cotton securely tied on. These were annointed with "Sanitas" jelly and allowed to slip into the vagina.

The laceration of the perineum, which was extensive, reached to within one-eighth of an inch of the anus, and the crest of the rectocele was sufficiently prominent to be distinctly visible even when the patient was laying on her back.

The mucous membrane was dissected off from the crest of the rectocele, and a strip was removed from each side of the vulva, about three-quarters of an inch wide at the back and tapering to a point about an inch from the anterior commissure. The anterior stitches were introduced from the skin to the mucous membrane, then back of these one or two from the skin to the crest of the rectocele; then the furthest back of all from the skin of one side to the skin of the other, passing deeply through the tissues. There was thus produced a "y" shaped line of sutures, and the resulting shape of the vulva left nothing to be desired. The sutures were of silver wire, and were clustered in rubber tubes in the same way as those which were put into the cervix. The dissection of the mucous membrane from the rectocele was quite a delicate procedure, owing to the thinness of the recto-vaginal septum.

A new style of ether cone was used at this operation, by means of which a patient can be thoroughly etherized in from three to five minutes. It consists of a rubber mouth-piece, accurately conforming to the lines of the face and covering both nose and mouth; a metal reservoir for the ether, and a rubber bag into and out of which the patient breathes the ether gas. There is an arrangement by which nitrous oxide gas may be given to commence the anæsthesia, and the ether turned on afterwards. The proportion of ether gas and air inhaled can also be accurately regulated. Where this instrument is employed the odor of the ether does not escape into the room to such an extent as when the ordinary cone is used. It is the invention of Clover, of London, and goes by his name.

On October 23d the stitches were removed and perfect union had taken place.

## *Laying the Corner-Stones.*

THE ceremony of laying the corner-stones of our new medical college, and of the Flower Free Surgical Hospital was performed on Saturday, October 20th. Our older Alumni, as they remember the old college, may sometimes think of the advantage of more commodious quarters and increased facilities for instruction and practical experience, but one must realize the growth and prosperity of the college to fully feel the necessity for a change. We have outgrown the old building, and feel cramped in our narrow quarters. It was with a double interest, therefore, that the students thronged the grounds, and varied the applause of the multitude by frequent shouts of the college yell.

The day had been somewhat cloudy, but the afternoon was clear and bright, suggesting the opening sentence of the remarks of Judge Rufus B. Cowing, who presided, and laid the stone of the college. An abstract of his remarks follows:

"The sun, which has hidden his face so long, shines out brightly to-day and presages a brilliant prospect for this institution, whose corner-stones are to be laid this afternoon, and whose foundations shall exist for ages.

"In 1860 the Legislature of New York granted a charter to the New York Homœopathic Medical College, since which the institution has been constantly growing, and has to-day reached this

point in its career. The success of which we see such convincing evidence before us is due to many people in this City, prominent among whom are David Dows, J. Rockefeller and Roswell P. Flower. This great City, with its nearly 2,000,000 souls is noted for its charities, and here we have a great public charity. Much has already been done, but much still remains. We need a library, ambulance corps, and every appointment of the fully and completely equipped institution which the college aims to be. Great credit is also due to the Faculty, who have labored many years for the merest fraction of the salary due them, that these buildings might be erected. To the many who have given aid, and especially to the ladies, is credit due. Last year they raised $20,000, and this year they expect to do likewise."

Mayor Hewitt then spoke as follows :

"I shall follow the example of Judge Cowing, and with your permission keep on my hat. New York is a much abused city, almost as much so as its Mayor. With all its drawbacks and shortcomings, however, it is an imperial city—imperial in its citizens, in its charities, in its great and glorious future. The City of New York has provided for the sick and the injured. On yonder island 17,000 people are sheltered by the munificence of the City of New York—insane, sick, poor and injured—but the charity of the City is broad enough to take them all in. There is something greater and nobler than the care of the unfortunate by the City. It is when the great lesson is felt in the human heart that this work can be better done, when the sympathy of the individual is evoked and applied, and the sick are brought directly into contact with the good and the prosperous who sympathize with them in their sufferings. Hence it is we take more pride in our individual charities than we do in these great city institutions. I congratulate you therefore for having taken this matter in hand as a matter of personal work, to see that the sick and the injured are cared for where they come in direct contact with the individual heart of the citizens of this community. I congratulate the founders of this institution, and above all, Mr. Flower. I congratulate him most of all that in this free country he has had the right and privilege to turn his ability into such channels as to accumulate an honest fortune. The magnitude of a fortune can never be objected to on just grounds if it is rightly acquired. The question is, How is the fortune used ? Does the holder consider himself a trustee of the riches placed in his hands ? Mr. Flower has not only been able to acquire a fortune, but he has that sense of obligation which tells him that it should be used for the good and not for the injury of his fellow men. I know not whether you are all homœopaths ; but whether we be homœopaths or allopaths we none of us believe in homœopathy in charity. We want a great many doses and we want them large, and we do n't care how many allopathic charitable men come here and deposit their pile on behalf of this institution. We stand on the common ground of broad charity to all men of all creeds and faiths. Gentlemen, I wish you joy in this undertaking. I trust that it may prosper, so that you and your children may appreciate how great a work you have inaugurated to-day. I deem it to be one of the greatest honors or my official career that during its existence this great charity has been founded."

Mr. Roswell P. Flower next laid the stone of the Surgical Hospital. He said :

"Charity is the bridge between the rich and poor, and it gives me pleasure to bestow a part of what I have earned for this project. We who have these worldly goods to bestow, should do it, thus closing up the gap between the rich and poor, and putting them on a level with one another, and binding all nationalities together. I take no credit upon myself for starting this institution, much credit is due the ladies who raised the first dollar and who last year worked incessantly until success was assured them, raising $20,000 last year and promising to do the same this year. Great credit is also due these professors who have yearly contributed the larger part of their college salaries that these college buildings might be erected. David Dows and John Rockefeller, have given generously, but we want $100,000 more, for there is plenty

of room on the other corner for another fine building which will complete this institution and make this spot the *Homœopathic* centre of the world."

A benediction on the work by the Rev. Dr. Thos. S. Hastings concluded the ceremonies.

## *Question of Sex in Brain.*

A BRILLIANT Contribution to the Much-mooted Question of Sex in Brain was the paper on this subject read by Miss Helen Gardener of New York city, before the Woman's Council held in Washington in the Spring of the present year. This paper has, as it emphatically deserves, already been widely quoted and commented upon ; but lest any of our readers should have failed to chance upon its cogent arguments, we are here moved to present a few of them, necessarily briefly and in suggestion only. Miss Gardener's paper is largely a reply to those written in recent years by Dr. William A. Hammond, the Achilles of that party in the profession which attacks the intellectual advancement of women from a *soi-disant* scientific standpoint. Dr. Hammond's favorite arguments, as devoutly quoted by his journalistic and other adherents, are :

I. "That woman's brain is inferior to man's in size and quality, and therefore in possibility."

To which Miss Gardener replies that according to Dr. Hammond's own admission in his published writings, "the relative size and weight of the brain in the sexes is about the same," even slightly in woman's favor. And if "absolute brain-weight," as he elsewhere claims, be reckoned the "sublime test," Miss Gardener triumphantly points out that "the elephant could out-think any of us ; and the whale would rank the greatest man on record, and have brain enough left to furnish material for a fair-sized female seminary."

II. Dr. Hammond claims that the marks of inferiority distinguishable in a woman's brain are "natural, potential and not produced by environment."

If this be the case, says Miss Gardener, then these differences must be as observable in the case of infants of different sex, as in that of adults. She demands to know if an examination of the brains of fifty male infants could be found to reveal any marks going to prove superiority over the brains of fifty female infants of like age and weight. The test is obviously a fair one, and would, if difference in sex, apart from "environment, opportunity and educational development," mean difference in brain, prove this point irrefutably. No anatomist in the present stage of our knowledge, would lend his assent to even the conjectural probability of such difference being existent and distinguishable.

III. "There are differences easily recognizable in the brain mass itself," announces Dr. Hammond. This assertion Miss Gardener meets with a simple denial, enforced by reference to the offer, which she publicly made to Dr. Hammond, of sending him twenty well-preserved brains marked in cipher, and challenging him to classify them according to sex. "Up to date," she significantly adds, "the twenty brains have not been called for."

Other points of the subject are treated in this really remarkable paper, with equal cogency and acumen. Miss Gardener shows, for instance, that no difference in the brain-weight of man and woman has ever been proved so strikingly as the like difference not only between man and man, but between men of equal though different ability, there being a difference of 487 grammes between the weight of Byron's brain and Dante's, in favor of the former : so that this time-honored argument proves either nothing or too much. Another admirably original argument that "man," in these discussions, is represented by the brains of Gambetta, Cuvier, Cromwell ; and "woman" by "hospital subjects, and tramps, and such unfortunates as fall into the hands of the profession as it were by mere accident." Obviously just parallels, if reached at all by such means, can only be reached by weighing the brains of a Napoleon or a Shakespeare against those of an Elizabeth Tudor or a George Eliot. And it is a remarkable fact that "the brain of no celebrated woman has ever been examined."

As a whole Miss Gardener's paper is perhaps

the most conclusive contribution that has ever been made to the literature of the subject, and its facts and conclusions cannot be too widely disseminated. It remains as yet unanswered. In the picturesque phrase of our esteemed contemporary, *The Physician's and Surgeon's Investigator*, it would seem that this young woman has bearded the lion in his den, and apparently caused him to draw the den in after him.—*New England Medical Gazette.*

## *A Case of Eclampsia.*

THE following case may serve to illustrate a serious, although fortunately rare, complication of labor, and will be of especial interest to students, inasmuch as it was a college case, and assigned by Professor Beyea to a member of the class of '89.

Case, Mrs. ——. Primipara. Æt. 20. Had developed no unusual symptoms during pregnancy, save a rather marked œdematous condition of the whole body, which had existed several weeks.

Being summoned about 10 P. M., the case was found in the first stage of labor, writhing in convulsions and unconscious. She had been having light pains since early morning, and the first convulsion had occurred about one half hour previous to my arrival. The character of these convulsions will never be forgotten by one who has witnessed them. In the present case each attack lasted nearly one minute, and the tetanic rigidity of the lower extremities, combined with the clenched fists, the tossing of the upper extremities, and the swollen neck and face made it a picture not to be readily effaced from the mind.

The appropriate homœopathic remedies were applied, and after one or two repetitions the attacks apparently ceased, but in about two hours they returned, and it became evident that the only safety for either mother or child rested in an immediate delivery. A hypodermic injection of morphine was given, followed by the administration of chloroform. A first attempt to apply the forceps failed, on account of the high position of the child, but after some difficulty and delay, a living nine-pound boy was delivered, which, however, survived but a few hours.

It may be added that this case was diagnosed as acute Bright's disease, complicating pregnancy, and the prognosis regarding the mother was, at last accounts, doubtful.

## *Clinic at the Laura Franklin Hospital.*

PROFESSOR WILCOX.

CASE I. Abraham ——, æt 4 years, was admitted to the hospital April 4, 1888. There was a swelling in front of the right shoulder joint, which was diagnosed to be an unreduced dislocation, though in the light of subsequent events, it was probably merely a scrofulous swelling. An attempt to reduce the dislocation was made, and the shoulder was placed in a splint. The splint was removed in about ten days, the child suffering no pain.

Early in May an abscess which had formed in front of the joint was opened, and about the same time a swelling appeared under the arm, which was poulticed. There was great pain, with fever at night. No dead bone could be felt with the probe. Injections of iodoform and ether were made.

During June and July there was an epidemic of whooping cough at the hospital, and the child was much pulled down by it. Early in July the discharge became profuse, offensive and greenish, and the patient showed marked signs of exhaustion. Daily injections of the peroxide of hydrogen were administered, and in August iodoform and ether was again tried. The child has continued to lose strength up to the present time, and there is no prospect of a cure without anchylosis, unless an operation is performed. There is a very marked spastic contraction of the muscles about the joint, and the shoulder is much swollen, while the arm below is greatly atrophied. It is expected that excision will prevent anchylosis, and give a good arm, and it is hoped at the same time to rid the patient entirely of the disease.

The incision was made from midway between the acromion and the coracoid processes, and was carried down in the line of the fibres of the deltoid muscle, keeping to the outside of the longhead of the biceps. An abscess of considerable size was cut into while making this incision. The head of the bone was turned out, and the joint cavity was found filled with gray tubercular matter. While removing the periosteum from the head of the humerus, the end of the bone broke off. About two inches of upper end of the shaft of the humerus was removed, the rest of the bone being in fairly good condition. The glenoid cavity was scraped out with a sharp spoon, and all tuberculous matter removed. About this time the patient showed signs of exhaustion, and a hypodermic of brandy was given.

A large drainage tube was inserted, and the wound partially closed by button and skin sutures. The line of the incision was sprinkled with iodoform and a very thick dressing of borated cotton and bichloride gauze applied, covered with rubber tissue, and very firmly bandaged—the hand being placed across the chest and the arm close to the side. The patient reacted well after the operation. The next day his temperature shot up to 104° Fah. This was probably only a purely nervous condition, as it fell to normal the next day without change of dressing or other local treatment.

Case II. Maggie ——, æt 3 years. A history of this case will be found in the last number of THE CHIRONIAN. The operation was practically the same as the one reported in that article, the only difference being that in this case somewhat more disease bone was removed than in the other.

NOTE.—October 24. Both of the above patients as well as the one pre-reported are doing well with marked improvements in the general symptoms.

---

C. B. AND W. J. FLINT are prosectors for Professor Doughty this session.

J. H. BRYAN who is leader of the N. Y. University Glee Club as well as that of the Stevens Institute will soon commence to train the voices of the members of our own.

## *A Case of Placenta Prævia Centralis.**

BY O. G. HUNT, '86, M.D., NEW YORK.

PLACENTA prævia, under any circumstances, is a most unfortunate occurrence. It is a condition which is contemplated with apprehension by every physician.

Its dangers are so many and so diversified, its favorable termination so uncertain, that its discovery is alarming. Its difficulties are all dangers, and the natural, unavoidable obstacles to the successful termination of labor are not few.

One need encounter but a single case to fully comprehend why its mortality is so great. Death to the mother with placenta prævia depends ordinarily upon many conditions.

Concerning the physician, it depends upon :

Lack of knowledge.

Lack of courage.

Lack of coolness.

Lack of skill.

How great soever the difficulties, the doctor must meet them all, and his success will depend much upon his qualifications and ability to meet emergencies.

Of course the prognosis varies with the surroundings of the patient, with her willingness and ability to obey instructions, with her intelligence, with the advice given her; but above all with the early diagnosis of the condition—I mean a diagnosis before there has been any great flow of blood. This knowledge gives an advantage which cannot be overestimated, and upon this does the woman's welfare depend in every case.

Early in every pregnancy, and later, especially if there is any history of bleeding, this condition should be sought for, and, if found, provided for. In this way only can we hope to reduce the mortality it now bears.

Placenta prævia centralis cannot be diagnosticated with certainty until the internal os is

---

* Read before the N. Y. Society for Medico-Scientific Investigation, May 1, 1888.

fully dilated. If after this is complete, the placenta alone can be felt, this condition obtains and constitutes the most rare and unfavorable site of attachment.

I believe placenta prævia occurs once in about one thousand births, which gives a percentage sufficiently large ; for while these cases are instructive and satisfactory if successful, they are at all times too dangerous.

The case which I report this evening was one of great interest to me, and the hope that some portions of it may interest the Society leads me to bring it before the meeting.

Emma K., primipara, single, aet 16, was brought to me in June by her sister, stating that a tumor had been discovered in her abdomen about three months before.

Her menses had been irregular since December, and for the last three months she had been annoyed by an intermittent bloody discharge from the vagina, sometimes profuse. The hemorrhages, which she termed her periods, always returned of late during the night, and gave no warning of their approach, and were unattended by pain. She was entirely unconscious of having lost blood until she awoke in the morning. The amount of blood varied, but as a rule each loss was greater than the previous one.

A week prior to her visit a hemorrhoge had occurred sufficient to cause marked signs of anæmia. These bleedings did not recur at stated periods, nor always at the time of her usual monthly flow, but if at this time, the quantity was considerable. She had noticed for the last few weeks that any extra exertion would be followed by bleeding at night.

On palpation, which was reluctantly allowed, I was able to outline a fœtus. Questions having a bearing on the possibility of pregnancy were all answered negatively, and I encountered her displeasure, apparently, by pressing my questions on this point, as I now felt at liberty to do. She finally refused to answer my inquiries or allow me to proceed further with my investigations.

I now had reason to believe the case was pregnancy with prævial attachment of the placenta ; and although I informed her of her danger, she still insisted that I was mistaken, so I dismissed the case.

The following week I heard nothing from her. At this time another hemorrhage came on which returned her to me with a willingness to accede to my wishes.

An examination revealed all the signs of pregnancy advanced to the seventh month. The cervix was long, pointed, and external os patulous. Very distinct, and I may say, forcible pulsation could be felt in the cervix and lower segment of the uterus, especially on the left side, and the womb appeared thicker at this point than on the right side. The internal os was closed.

She now admitted having been imprudent, and mentioned an evening six months previous as the only occasion. She was also fully aware of her true condition, and had used various means to rid herself of the trouble. Among the unsuccessful methods, she mentioned violent racing up and down four flights of stairs many times daily during the three weeks following the unfortunate night. This as a preventive measure. She had also taken long, exhausting walks, lifted heavy tubs of water, etc., after the first month had passed.

I was quite certain of placenta prævia, and advised premature labor, explaining to her that hemorrhages would recur, and that any one might not only close gestation, but cost the patient her life. She did not consent to this, and my next information from the girl was by messenger, who said she had been bleeding during the night, and when discovered in the morning was apparently nearly bloodless.

I hastened to the house, and the scene I shall long remember. The girl, deserted by her frightened friends, pale and unconscious, showing all the alarming symptoms of excessive hemorrhage, presented a ghastly spectacle ; radial pulse absent, lips blue, and that indescribable, sickening appearance which attends syncope due to loss of blood.

Stimulants, hypodermatically, were quickly given and repeated. On lifting the spread I found the mattress soaked with blood and re-

moved over three pints of clots from the sheet; cleansed the vagina and tamponed with damp cotton. This effectually checked the bleeding which syncope had failed to control. She soon revived, but many faintings followed, although stimulants and liquid food were freely given. At the end of four hours her condition was greatly improved, and I determined to deliver at once.

The tampon was removed and a carbolic douche given. The external os was fully dilatable and internal os would admit my index finger. I was not successful with water-bags, so finished dilatation by my fingers in cone-shape. On passing two fingers well through the os internus, they were met at every point by placental tissue, and I could not pass my finger in any direction around the mass nor could I feel the membranes.

A second examination and even a third revealed the same condition, and Dr. Putnam, who kindly assisted me, confirmed my diagnosis of placenta prævia centralis.

Auscultation gave no evidence of a living child.

Notching my finger nail, I dug through the placenta and ruptured the membranes, and immediately the cord prolapsed. This was pulseless and remained so after re-position, so my whole care was directed to the mother.

As there was total absence of pain, although *ergot* had been given, and fearing the effects of version, I determined to pass forceps into the uterus and deliver in this way.

Intermittent tractions aided by firm abdominal pressure soon brought the head to the vulva. I now removed one blade and finished by the other and by force applied to the breech.

The placenta did not make its descent, and I found about three-fourths of it attached to the lower left segment of the uterus. This was literally picked off and removed, but the cord still remained. I traced it up and found it suspended by a portion of the placenta adherent to right lower segment. This, when applied to the other portion, made a nearly complete placenta, and one of the largest I have ever seen. All bleeding now ceased, and a douche of calendula, one drachm to the pint, was given, and the vagina thoroughly cleansed; boracic acid was packed about the cervix, soft marine lint applied to the vulva, and covered by an antiseptic towel.

She passed from the ether nicely and soon seemed comfortable. *China*, ø, alternated with *arnica*, 1, was given, and *ergot* left to be used if needed. I ordered small quantities of liquid food every fifteen minutes, the head lowered and heat applied to the extremities. I called upon her frequently the first day to see that my instructions were obeyed. Vaginal injections of calendula, carbolic acid and water were given twice daily, and marine lint applied to the vulva constantly.

On the second day small ulcerations appeared in the vagina, which were dressed with iodine, ø, and quickly healed. This method of treatment was enforced each day.

At no time did her temperature run higher than 100½, and this was reduced to 99 by frequent vaginal douches. After this the temperature was 97 and remained here for some days, finally returning to normal.

The subsequent history differs little from that of an ordinary lying-in period, except that anæmia tinnitus aurium and faintness were very marked and persistent. However, she finally made a good recovery and is enjoying fair health.—*The North American Journal of Homœopathy.*

## *An Appeal for Fresh Air.*

IT is a strange fact that a medical college, where one learns, among other things, the principles of hygiene and sanitary science, is so poorly equipped in the very hygienic arrangements and conveniences it so strongly recommends. Of all places under the sun that ought to be well ventilated the lecture room of a medical college, one would think, stands pre-eminent; and yet strange inconsistency, our lecture rooms are about as poorly ventilated as could well be. But in spite of this fact some of the students persist in making a bad matter worse. The poor ventilation can hardly be remedied, and besides we are soon to have com-

modious and comfortable quarters; but certainly while we remain in our present poorly appointed building it isn't necessary to add to our discomfort by *smoking* in the lecture room.

Day after day, our noses, our eyes, our laboring lungs and weary brains enter a vigorous protest against this pest of the college—tobacco smoke. Through the college paper we would voice this protest of a large number of students.

We object, then, to making a "smoker" of the lecture room. It is against all common sense, all reason, all comfort, all fairness. We do not object to smoking in itself, provided we are not made to use the soothing poison or suffer from its use by others. If any man wishes to smoke away his pocket-book, or perchance his health, it is his lookout and so let him smoke to his heart's content and suffer. But we do seriously object to his smoking in the lecture room and to making others suffer with him. There is a time to smoke and a time to refrain from smoking, a place to smoke and a place to refrain from smoking. In all candor we urge that the lecture room is neither the place, nor the precious five minutes' intermission the time.

After sitting on those hard seats for five hours, breathing air from which sixty pairs of lungs have been diligently extracting oxygen, and into which some twenty human chimneys have been pouring the stupefying tobacco smoke, is it any wonder that occasionally a student seeks relief in a nap; is it any wonder that when 6 o'clock comes around some of us leave the room with a veritable "brain-fag" or a splitting headache, in the best condition for taking a heavy cold on the way home?

Again we protest that it is n't fair for the smokers to make the whole college, professors and all, suffer for their enjoyment (?) One would think that the law of self-preservation and common comfort would forbid their smoking in the lecture room; but if it does not, perhaps this appeal to their fairmindedness will accomplish the result. It is to be hoped that the students to a man will respect these candid remarks, made in the interest of all alike, and put an end to this general abuse.

If you must smoke, gentlemen—and we do n't object to your smoking all day in the right place—why, put your heads out of the windows, go down to the dissecting-room, where even smoking is enjoyable and a kindness to the unfortunates who must work there, or go outside the building altogether—anywhere where you do n't make a public nuisance of yourselves. If these remarks are taken in the spirit in which they are given, and acted upon, you will greatly accommodate and receive the thanks of a large contingent of non-smoking students and among them a member of '89.

Since these above remarks were jotted down, Professor Allen emphasized them in the lecture room. He has said in so many words that if the students smoke he will not lecture—he can't stand the poison an hour. Why should we then be compelled to endure it for several hours?

A STUDENT.

## Societies.

### *Hahnemannian Society.*

MEETING called to order at 8 P. M. Vice-President Tuttle in the chair.

G. D. W. Hallett appointed secretary *pro tem.*

Twelve new members signed the constitution and paid the initiation fee of fifty cents.

ELECTION OF OFFICERS FOR ENSUING YEAR.

President, (by vote), E. G. Tuttle.

Vice-president, (unanimous), L. W. Dean.

Secretary, G. D. W. Hallett.

Treasurer, G. H. Iler.

ELECTION OF QUIZ MASTERS.

Senior Class.

| | |
|---|---|
| Materia Medica | C. E. Wilcox |
| Practice | C. H. Lewis |
| Obstetrics | Geo. Jenkins |
| Surgery | W. F. Houan |
| Paedology | J. S. Cummins |
| Gynæcology | F. LeC. Dowe |
| Physical Diagnosis | W. J. Hardy |
| Mental and Nervous Diseases | W. H. Bennett |
| Ophthalmology and Otology | J. B. White |
| Genito urinary | J. A. Dunn |
| Diseases of Kidney | C. P. Opdyke |
| Dermatology | J. Connell |

Class of '90.

Anatomy.....G. E. Schuppan
Pathology.....M. M. Smith
Histology.....M. H. Denslow
Medical Jurisprudence.....C. B. Flint
Toxicology .....L. E. Poole

Class of '91.

Urinary Analysis.....Chas. Lee Bailey
Physiology .....Frank L. Harvey
Chemistry.....J. G. Lyman

Report of Library Committee (C. E. Wilcox), explaining objects of society in relation to library and adopting a card with rules and regulations for the library as follows :

1st. Books, papers. etc., in this room are for the use of members of the Library Association only.

2d. The property of this library must not be taken from the room.

3d. Loud talking, card-playing, smoking, spitting and other improprieties are forbidden.

4th. Any student who subscribes fifty cents or more to the library fund or joins the Hahnemannian Society becomes a member of this library association.

5th. This card must be shown when called for by the librarian or committee.

Report of Treasurer for past year accepted.

Motion that the President of this society appoint a committee of three persons to petition the Faculty for Monday, Nov. 5th, and also for Tuesday, Nov. 6th, if not already provided for by the Faculty as a holiday to permit the students to return home and vote.

Motion that J. H. Bryan be a committee of one to organize a Glee Club for the ensuing year.

Roll call and adjournment.

G. D. W. HALLETT, Secretary.

## IN MEMORIAM

DR. E. W. WHITLEY, of the Class of '88 died at the home of his parents, 100 East Eighty-third street, on the 18th of October, after a brief attack of typhoid fever. He will be remembered by the upper class men as graduating last Spring after a successful examination, in spite of absences from college, caused by periods of illness. He was an only son, and his death thus falls a doubly heavy blow on the stricken parents—just as the promise of a successful career was opening out before him.

At a special meeting of the Hahnemannian Society held October 18th, the following resolutions were adopted :

*Whereas*, We, the students of this college, have learned with profound regret of the death of Dr. E. W. Whitley, a graduate of this college, in the class of '88,

*Resolved*, That in his loss we resign submissively to the Supreme Will, and tender our heartfelt sympathy to the bereaved parents, in this their deep affliction ;

*Resolved*, That as an expression of this sympathy, a copy of these resolutions be sent to the parents of our late companion, and also be inserted in THE CHIRONIAN.

## *A New Medical Journal.*

IN January there will be issued from the press of A. L. Chatterton & Co., New York, a new publication entitled *The Journal of Ophthalmology, Otology and Laryngology*. It will be edited by Geo. S. Norton, M.D., '72, assisted by Chas. Deady, M.D., '76. The editors have undertaken the work with enthusiasm, and are determined to make the Journal of the highest practical value to all interested in the eye, ear, or throat. To accomplish this the immense mass of material found at the New York Ophthalmological Hospital will be fully utilized, in addition to which there will be articles by prominent authorities throughout the country. The Journal will be particularly devoted to original articles upon the three specialities. This will probably be the only journal in our school devoted to these subjects, and special attention will be given to the development of homœopathic therapeutics and the clinical verifications of old and new remedies. The publication will appear quarterly, and consist of about 400 pages at $3 per year. Those desiring full sets will do well to advise the publisher at an early date.

## College Notes.

MENTAL symptoms of baptisia are wandering in the head and diarrhœa.—Dunn.

E. E. KEELER, '86, has been appointed Health Officer of the town of Danbury, Conn.

Some of us are anxious to know what became of the man with the ovarian tumor.

IN reference to Van Bergen's joining '89 we neglected to state that it is on account of his being absent from college last year on business.

AT a recent political canvass of the college, ninety-one favored the election of Harrison, twenty five were for Cleveland and nine for Fisk.

IN the quiz: One way to answer.

Professor: Mr. —— what causes this deposit?

Student: "*I* should n't like to say, professor, if the *authorities* are at variance.

PROFESSOR DESCHERE met with a warm reception on Thursday last after it had been announced that he was the father of a bouncing boy. THE CHIRONIAN extends congratulations.

A FEW weeks ago W. T. Helmuth, Jr., performed vaginal hysterectomy successfully, the patient recovering from this formidable operation in good shape. Hardy, Mills and Finerty, '89, assisted in an operation for removal of the breast, at the Helmuth House, on Thursday last.

THE '90 base-ball Nine have decided to allow the property owners around Gramercy Park the privilege of the park hereafter, on condition that they scale no more fences and leave none of their wearing apparel about the grounds. Should jumping the fence become a necessity Dunlevy, '90, will instruct them how to do it in a most graceful manner.

## *A New Medical College Journal.*

THE first number of a medical journal, published by the students of Boston University, School of Medicine, is before us. We are glad to welcome a journal which, like THE CHIRONIAN, is strictly a college paper, and hope that it will continue to reach us, filled with news and comments upon college work. This is the third paper of its kind in the United States, although the *Medical Institute*, of Philadelphia, ostensibly a monthly, shows up about three times a year. We expected a handsomer journal from the Boston University School of Medicine than the *Medical Student*, as there is plenty of good material in the classes of '89 and '90 to create something more pleasing to the eye than the severe plainness with which it is gotten up. We also notice that the two most important positions, that of managing editor and business manager are filled by graduates, which ought not to be, as a student's journal should be controlled entirely by undergraduates.

We hold out the right-hand of fellowship to the new journal and its editors, and hope that the following numbers may be as well-filled with interesting reading and timely and well-written editorials as the first number now before us. *Success to you.*


## *Dr. William A. Hammond.*

The World-Famed Specialist in Mind Diseases says:

"I AM familiar with various systems for improving the memory, including, among others, those of Feinaigle, Gouraud and Dr. Pick, and I have recently become acquainted with the system in all its details and applications taught by Professor Loisette. I am therefore enabled to state that his is, in all its essential features, entirely original; that its principles and methods are different from all others, and that it presents no material analogies to that of any other system.

"I consider Professor Loisette's system to be a new departure in the education of the memory and attention, and of very great value; that it being a systematic body of principles and methods, it should be studied as an entirety to be understood and appreciated: that a correct view of it cannot be obtained by examining isolated passages of it. "WILLIAM A. HAMMOND.

"NEW YORK, July 10, 1888."